

POLLUTION INCIDENT DAILY RESOURCE REPORT

FPN/CERCLA NUMBER _____ DATE _____

PARENT UNIT _____
FOSC/REP/LEAD TRUSTEE SIGNATURE _____

PURCHASES/EXPENDABLES

Were any purchase orders completed? YES ☐ NO ☐ If yes, how many: _____
If yes, are they attached? YES ☐ NO ☐ If yes, how many: _____
If no, complete information below

DESCRIPTION OF ITEM	PURCHASE ORDER NUMBER	COST	OFFICE

TOTAL COST FOR THIS DATE: _____

TRAVEL ORDERS

Were travel orders issued? YES ☐ NO ☐ If yes, how many: _____
If yes, are copies attached? YES ☐ NO ☐ If no, complete below information
Are the liquidated travel claims attached? YES ☐ NO ☐ If yes, how many: _____
If no, submit when liquidated

NAME (LAST, FIRST)	TRAVEL ORDER NO.	ISSUED BY	EST. COST	OFFICE USE

ESTIMATED TOTAL TRAVEL COST: _____

CONTRACTORS

Are contractor services authorized for this date? YES ☐ NO ☐ If yes, list contractors hired

NAME	P.O./CONTRACTOR NUMBER	OFFICE USE

OTHER AGENCIES INVOLVED

(For FOSS or Lead Trustee Use)

Were agencies authorized to act? YES ☐ NO ☐ If yes, list other agencies and attach copy of authorization

NAME	AGREEMENT NUMBER	OFFICE USE

POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136D **GOVERNMENT PURCHASES/EXPENDABLES/TRAVEL ORDERS/** **CONTRACTORS/OTHER AGENCIES**

This form should be completed for government purchases and expendables incurred for each day of removal activity. Additionally, the form is used to identify travel orders issued, contractors authorized to perform removal activities, and (for FOSC use) other government agencies involved in removal activities.

How to complete form:

1. **FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Parent Unit:** The parent unit of the party completing the form, the command for CG reports (i.e., MSO Hampton Roads, Station Portsmouth): or the Regional Office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
4. **FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC/Lead Trustee. The FOSC certifies that purchases or other items listed were authorized for the date reported.

Purchases/Expendables

Indicate whether purchase orders were completed, how many purchase orders were completed, the number of purchase orders attached, if any. Also, indicate the total purchases/expendables for the date reported. If copies of purchase orders are not attached, complete the remainder of the Purchase/Expendables section.

5. **Description of Item:** Description of item purchased.
6. **Purchase Order Number:** Purchase Order Number issued for the item.
7. **Cost:** The cost of the item purchased.
8. **Office Use:** Used by NPFC Staff.
9. **Total Purchases/Expendables For This Date:** The sum of the items purchased.

Travel Orders

Indicate whether travel orders were issued, the number issued, and copies attached. If copies are not attached, complete the remainder of the travel orders section. Also indicate whether liquidated (i.e., paid) travel claims are attached and if so, how many are attached. If liquidated travel claims are not attached, submit copies when the claims have been liquidated.

10. **Name:** First and last name of traveler.
11. **Travel Order No:** The number assigned to the travel orders.
12. **Issued By:** The agency issuing the travel order.
13. **Estimated Cost:** This is the estimated cost on each individual travel order.
14. **Office Use:** Used by NPFC Staff.

Contractors

Indicate whether contractors were authorized to perform services on the date reported. Only list contractors who are contracted and paid through your agency. If marked YES, complete the following for each authorized contractor.

15. **Name:** Indicate name of company.
16. **P.O./Contract Number:** List the contract number, purchase order number, and delivery order number for this contract.

Other Agencies Involved (For FOSC Use)

Indicate whether other government agencies were authorized to perform removal activities on the date reported. If marked Yes, complete the following information for each agency.

17. **Name:** Agency name.
18. **Agreement Number:** The applicable Pollution Removal Funding Authorization number. Attach copies of authorizations used by the other agencies (if not previously submitted).
19. **Office Use:** Used by NPFC Staff.